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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * #116Place of Birth Mohave, Arizona County Moila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>female</u>			

DATE OF BIRTH* April 23 1922
(Month) (Day) (Year)FULL NAME William Edward Bernard FATHERFULL MAIDEN NAME Olive Mary Martin MOTHERI HEREBY CERTIFY that the child described
herein has been namedWardanella Bernard
(Give name in full) (Surname)William Edward Bernard
(Parent's Signature)Mr. W. J. Judd
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

✓ 424-423-615